# Australian HSOPS 2.0 survey form

November 2021

## Development

The Australian Commission on Safety and Quality in Health Care (the Commission) developed the Australian Hospital Survey on Patient Safety Culture 2.0 (A-HSOPS 2.0) based on advice from clinicians and experts. The survey was modified from the U.S. Agency for Healthcare Research and Quality [Surveys on Patient Safety Culture™ (SOPS®) Hospital Survey 2.0](https://www.ahrq.gov/sops/surveys/hospital/index.html).

## Supporting materials

The greatest value from measuring patient safety culture is not the survey itself, but the approach that is taken to investigate and change as a result of the survey data. A range of resources have been developed to support this process, including:

* The [web-based patient safety culture measurement toolkit](https://www.safetyandquality.gov.au/our-work/indicators-measurement-and-reporting/patient-safety-culture) which provides advice on each stage of the quality improvement process; from planning through to improvement strategies
* The [technical specifications for the Australian HSOPS 2.0](https://www.safetyandquality.gov.au/A-HSOPS-technical-specifications) which provides information on technical aspects of survey administration such as setting up the data file and making appropriate survey modifications
* [Tools and templates](https://www.safetyandquality.gov.au/tools-and-templates-hsops-20) including draft communication, project plans and posters. These can be modified to meet hospitals’ needs and will be added to over time.

## Attribution

AHRQ has granted the Commission permission to use the SOPS Hospital Survey 2.0 to develop the Australian modification and distribute the modified survey subject to appropriate attribution of their work.

Include the following text in any document or platform (physical or electronic) containing the A-HSOPS 2.0:

“The A-HSOPS 2.0 was modified by the Australian Commission on Safety and Quality in Health Care from the U.S. Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture™ (SOPS®) Hospital Survey 2.0 (<https://www.ahrq.gov/sops/surveys/hospital/index.html>). This survey form has been reprinted with permission from the AHRQ (an Agency of the United States Department of Health and Human Services); Rockville, Maryland USA.”

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A-HSOPS 2.0 is available free of charge for non-commercial purposes for use in Australian Hospitals. Allowable modifications to the survey are articulated in the [technical specifications for the Australian HSOPS 2.0](https://www.safetyandquality.gov.au/A-HSOPS-technical-specifications).

If an organisation would like to modify the survey, use the survey in a different healthcare setting, or use the survey for commercial purposes they should request this by emailing indicators@safetyandquality.gov.au.

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## Australian Hospital Survey on Patient Safety Culture 2.0

### Instructions

**Important:** If a question does not apply to you or you don’t know the answer, please select “Does Not Apply or Don’t Know”

|  |
| --- |
| What we mean by:* **Patient safety:** Activities that help to avoid, prevent or correct errors or adverse events associated with health care.
* **Patient safety incident:** An event or circumstance that could have resulted in, or did result in, harm to a patient.
* **Adverse event:** An incident in which a person receiving health care was harmed.
 |

### Demographic questions

Think of your unit / work area as the area where you spend most of your work time, or where you provide most of your services. It may be a unit, ward, clinical or department or a number of these. If you work equally across a number of areas, select ‘multiple units, no specific area'.

1. **What is your primary unit or work area in this hospital?**

**Select ONE answer.**

|  |  |
| --- | --- |
| **Patient care unit/ ward 1**🞎 Cancer services 🞎 Cardiac services🞎 Day procedures 🞎 Emergency department🞎 General medical unit/ward🞎 General surgical unit/ward🞎 Geriatric or aged care unit/ward🞎 High dependency ward🞎 Intensive care unit🞎 Maternity or women’s health unit/ward🞎 Mental health unit or AOD services🞎 Neonatal unit/ward🞎 Paediatric unit/ward🞎 Rehabilitation unit/ward🞎 Renal or dialysis services🞎 Oral health unit/ward🞎 Outpatients or clinics🞎 Orthopaedic unit/ward🞎 Perioperative / theatre services 🞎 Other specialist medical unit/ward🞎 Other specialist surgical unit/ward **Diagnostic and clinical services**🞎 Medical imaging 🞎 Pathology, lab🞎 Pharmacy 🞎 Other allied health unit🞎 Other diagnostic and clinical services  | **Support services** (eg. Food services, cleaning services, building and maintenance and transport) **2**🞎 Hospital defined🞎 Hospital defined 🞎 Hospital defined 🞎 Other support services**Corporate services and hospital management**🞎 Clinical governance unit🞎 Teaching and training 🞎 Health information services 🞎 Hospital management 🞎 Human resources🞎 Finance🞎 Risk management 🞎 Other corporate services **Research and public health 3**🞎 Hospital defined🞎 Hospital defined🞎 Other support services**Multiple** **units, no specific unit**🞎 Many different hospital units, no specific unit🞎 **Other, please specify**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**For the rest of the survey, please answer questions that ask about your unit / work area for the area you selected here.**

1. **In your position, do you typically have direct interaction or contact with patients?**

🞎 YES, I typically have direct interaction or contact with patients

🞎 NO, I typically do NOT have direct interaction or contact with patients [skip questions F4, F5 and F6]

### Section A: Your Unit / Work Area

For the following statements, think about all the staff in that unit / work area including both clinical and non-clinical staff.

**How much do you agree or disagree with the following statements about your unit / work area?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Think about your unit / work area:** | **Stronglydisagree**⯆ | **Disagree**⯆ | **Neither****agree nor disagree⯆** | **Agree**⯆ | **Stronglyagree**⯆ | **Does not apply or don’t know**⯆ |
| 1. In this unit, we work together as an effective team
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. This unit regularly reviews work processes to determine if changes are needed to improve patient safety
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. In this unit, staff feel like their mistakes are held against them
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. When a patient safety incident is reported in this unit, it feels like the person is being reported, not the problem
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. During busy times, staff in this unit help each other
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. There is a problem with disrespectful behavior between staff working in this unit
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. When staff make errors, this unit focuses on learning rather than blaming individuals
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. In this unit, changes to improve patient safety are evaluated to see how well they worked
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. This unit lets the same patient safety problems keep happening
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

### Section B: Your Supervisor / Manager

Supervisor / manager: the person you report directly to.

**How much do you agree or disagree with the following statements about your immediate supervisor or manager?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Stronglydisagree**⯆ | **Disagree**⯆ | **Neither****agree nor disagree⯆** | **Agree**⯆ | **Stronglyagree**⯆ | **Does not apply or don’t know**⯆ |
| 1. My supervisor / manager seriously considers staff suggestions for improving patient safety
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. My supervisor / manager wants us to work faster during busy times, even if it means taking shortcuts
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. My supervisor / manager takes action to address patient safety concerns that are brought to their attention
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

### Section C: Communication

**How often do the following things happen in your unit / work area?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Think about your unit / work area:** | **Never**⯆ | **Rarely**⯆ | **Some-times ⯆** | **Most of the time**⯆ | **Always**⯆ | **Does not apply or don’t know**⯆ |
| 1. We are informed about errors that happen in this unit
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. When errors happen in this unit, we discuss ways to prevent them from happening again
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. In this unit, we are informed about changes that are made based on incident reports
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. In this unit, staff speak up if they see something that may negatively affect patient care
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. When staff in this unit see someone with more authority doing something unsafe for patients, they speak up
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. When staff in this unit speak up, those with more authority are open to their patient safety concerns
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

### Section D: Reporting Patient Safety

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Think about your unit / work area:** | **Never**⯆ | **Rarely**⯆ | **Some-times ⯆** | **Most of the time**⯆ | **Always**⯆ | **Does not apply or don’t know**⯆ |
| 1. When a mistake is identified and corrected before reaching the patient, how often is this reported?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. When a mistake reaches the patient and could have harmed the patient, but did not, how often is this reported?
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

### Section E: Patient Safety Rating

1. **How would you rate your unit / work area on patient safety?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor▼ | Fair▼ | Good▼ | Very Good▼ | Excellent▼ |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

### Section F: Your Hospital

**How much do you agree or disagree with the following statements about your hospital?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Think aboutyour hospital:** | **Stronglydisagree**⯆ | **Disagree**⯆ | **Neither****agree nor disagree⯆** | **Agree**⯆ | **Stronglyagree**⯆ | **Does not apply or don’t know**⯆ |
| 1. The actions of hospital management show that patient safety is a top priority
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Hospital management provides adequate resources to improve patient safety
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Hospital management seems interested in patient safety only after an adverse event happens
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. When transferring patients from one unit to another, important information is often left out
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. During shift changes, important patient care information is often left out
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. During shift changes, there is adequate time to exchange all key patient care information
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

### Section G: Recommendation

**1. I would recommend a friend or relative to be treated in this unit / work area?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree⯆ | Disagree⯆ | Neither agree nor disagree⯆ | Agree⯆ | Strongly agree⯆ | Does not apply or don’t know⯆ |
|  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

### Section H: Background Questions

1. **How long have you worked in this hospital?**

🞎. Less than 6 months

🞎 6 to 11 months

🞎. 1 to 5 years

🞎 6 to 10 years

🞎 11 or more years

**3. How long have you worked in your current unit / work area?**

🞎 Less than 6 months

🞎 6 to 11 months

🞎 1 to 5 years

🞎 6 to 10 years

🞎 11 or more years

**4. Typically, how many hours per week do you work in this hospital?**

🞎 Less than 20 hours per week

🞎 21 to 30 hours per week

🞎 31 to 40 hours per week

🞎 More than 40 hours per week

1. **What is your position in this hospital?**

|  |  |
| --- | --- |
| Select ONE answer.Nursing/Midwifery🞎 Assistant in Nursing/ Midwifery 🞎 Enrolled Nurse🞎 Midwife or CMS🞎 Nurse Manager or Nurse Unit Manager🞎 Nurse Practitioner, CNC, CMC, CME or CNE🞎 Registered Nurse or CNSMedical🞎 Registrar or Fellow🞎 Resident or Intern🞎 Senior Medical Officer or Consultant Allied health🞎 Allied Health Assistant 🞎 Aboriginal and Torres Strait Islander Health  Practitioner🞎 Dietitian🞎 Occupational Therapist 🞎 Pharmacist🞎 Physiotherapist 🞎 Psychologist🞎 Radiographer 🞎 Social Worker🞎 Speech Pathologist🞎 Other Allied Health ProfessionalSafety and quality 🞎 Patient Safety and Quality Coordinator/ OfficerResearch 🞎 Researcher or Scientist🞎 Research Assistant/ support  | Support Services🞎 Aboriginal Liaison Officer 🞎 Clinical Assistant🞎 Cleaner🞎 Food Services or Catering🞎 Patient Services Assistant 🞎 Porter🞎 Receptionist🞎 Security Services🞎 Transport🞎 Ward clerkHospital administration 🞎 Clinical Coding🞎 Financial Services🞎 Human Resources or Training🞎 Information Technology, Health Information Management or Clinical Informatics🞎 Project Officer Management🞎 Senior leader or executive 🞎 Supervisor, manager, department manager or clinical lead🞎 Other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Section I: Your Comments

**Please feel free to provide any comments about how things are done or could be done in your hospital that might affect patient safety.**

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| --- |
|  |

**Thank you for completing this survey.**